



# TEWKSBURY COUNCIL ON AGING

175 Chandler St. Tewksbury, Ma 01876  
Phone: (978) 640-4480 Fax (978) 640-4483

## Volunteer Application

NAME: \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Which day(s) are you available to volunteer?**

M      T      W      T      F      Sat/Sun

**What times are you available?** Daytime Evening Both

**PLEASE CHECK ALL VOLUNTEER OPPORTUNITIES THAT INTEREST YOU**

\_\_\_\_ Reception/Help Desk                      \_\_\_\_ Gift Shop/Consignment Shop

\_\_\_\_ Intake Night (Consignment)              \_\_\_\_ Events/Trips

\_\_\_\_ Office Help/Data Entry                      \_\_\_\_ Special Projects

\_\_\_\_ Building Maintenance/Cleaning

\_\_\_\_ Other (Please Explain) \_\_\_\_\_

**Special Skills?** \_\_\_\_\_

**Confidentiality Policy and Agreement:** We want to be respectful of client’s privacy. Tewksbury COA respectfully asks anyone working with us, including volunteers to keep the names and circumstances of our seniors confidential. Volunteers should speak of their concerns **only** to Volunteer Coordinator Tammy Duggan or Director Janice Conole, and should never share personal information with anyone else. By signing below, I confirm that I have read and understood the above, that I understand all volunteers 18 or older are required to have a CORI background check prior to working with seniors.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**OFFICE USE:** CORI Approved Y/N Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CORI REQUEST FORM

Tewksbury Council on Aging has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT/EMPLOYEE SIGNATURE  
(Unless otherwise preempted by law)  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(must provide last six #'s)

\_\_\_\_\_  
ID Theft Index PIN  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

SEX: \_\_\_\_\_

HEIGHT: \_\_\_ ft. \_\_\_ in.

WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ (include state of issue)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_.

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or fax to 617-660-4614.